



South Dakota Board of Nursing
4305 S. Louise Avenue Suite 201 ♦ Sioux Falls, SD 57106-3115
(605) 362-2760 ♦ Fax: (605) 362-2768 ♦ www.nursing.sd.gov

RN Attestation for UMA Training Course

Applicant: Complete the top section of this form and then forward to your RN Trainer to have bottom portion of form completed. This form must be completed in order to take the SDBON UMA exam. **Mail this completed form to the address listed above or email to Ashley.Kroger@state.sd.us.**

Please Print

Name (First): _____ (Last): _____

Social Security #: _____ Date of Birth: _____

Signature of Applicant

Date

This Section to be completed by RN Trainer
Note: This section cannot be signed by the Applicant

RN Attestation:

I, _____, RN verify that the individual identified on this application has completed the SD Board of Nursing's approved 20-hour Medication Aide Training Course, is capable of performing all skills listed on the SD Board of Nursing's Approved Skills Competency Checklist safely and competently, and is eligible to take the Medication Aide exam.

RN Signature:

DATE:

RN License #:

Telephone: _____ Email: _____